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01/10/2011

22022

SUITE 2100

APPLICATION NO

09/751 265

APPLN. TYPE

nonprovisional

7500

1000 NORTH WATER STREET

FYAMINER

MILWAUKEE, WI 53202

REINHART BOERNER VAN DEUREN S.C. ATTN: LINDA KASULKE, DOCKET COORDINATOR

HI ING DATE

12/29/2000

SMALL ENTITY

YES

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

TITLE OF INVENTION: INTEGRATED SYSTEMS FOR ELECTRONIC BILL PRESENTMENT AND PAYMENT

ISSUE FEE DUE

\$755

ART UNIT

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

PREV. PAID ISSUE FEE

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TOTAL FEE(S) DUE

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8959

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FIRST NAMED INVENTOR

Dushyant Sharma

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

705-040000 AKINTOLA, OLABODE 3691 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Finnegan, Henderson, 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Farabow, Garrett & ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Dunner, L.L.P. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Metavante Corporation Jacksonville, FL Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) XX Issue Fee A check is enclosed. ³

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